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- 5/											
MARIE			Application		09/914,622						
TRA	ANSMITT	AL	Filing Date								
	FORM		First Named		Sheena M. Loosmore						
(to be used for all correspondence after initial filing)			Group Art Unit								
			Examiner Name								
Total Number of F	Pages in This Submission	9	Attorney Docket Nun	nber	1038-1183 MIS:jb						
ENCLOSURES (check all that apply)											
Fee Transmittal Form Fee Attached Amendment / Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Close of the content of the conten	ent Papers oplication) s) g-related Papers o Convert a nal Application Attomey, Revocation of Correspondence Disclaimer for Refund inber of CD(s)		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):						
	SIGNATUR	RE OF APPLICA	NT, ATTORNEY, OR	AGENT							
Firm or Individual name	Michael I. Stewart (Reg. No. 24,973)										
Signature hull											
Date December 4, 2001											
		CERTIFICA	TE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:											
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Signature				Date							

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Patent and Trade-mark Agents

DEC 0 5 2001

1038-1183 MIS

Your ref.

Writer's Ext.

239

E-mail:

mistewart@sim-mcburney.com

December 4, 2001

Via Courier

The Commissioner of Patents Box Missing Parts Washington, DC 20231 U.S.A.

Dear sir:

RE: US Patent Application No. 09/914,622

Applicant: Sheena M. Loosmore

Title: MULTI-COMPONENT VACCINE COMPRISING AT LEAST THREE ANTIGENS TO PROTECT

AGAINST DISEASE CAUSED BY HAEMOPHILUS INFLUENZAE

In response to the Notification of Missing Requirements under 35 U.S.C. 371, submitted herewith are:

12/26/2001 RCAMPBEL 00000012 192253

130.00 CH

09914622

1.

Declaration signed by the inventors and referring to the PCT filing by number and filing date.

330 University Avenue

Telephone (416) 595-1155 Fax (416) 595-1163

Toronto, Canada

6th floor

.M5G 1Ř7

- 2. Cheque in the amount of the additional claim fee
- 3. Copy of Notice

12/11/2001 UEDUVIJE 00000077 09914622

Yours very truly,

01 FC:966

01 FC:154

18.00 OP

Michael I. Stewart Reg. No. 24,973

M.I.Stewart/jb Enclosure(s) #3

MICHAEL I. STEWAR ROGER T. HUGHES, Q.C. TONI POLSON ASHTON JOHN H. WOODLEY KENNETH D. MCKAY TIMOTHY M. LOWMAN STEPHEN M. LANE ARTHUR B. RENAUD STEPHEN J. PERRY PATRICIA A. RAE DAVID A. RUSTON L.E. TRENT HORNE LOLA A. BARTOSZEWICZ THOMAS T. RIEDER WARREN J. GALLOWAY URSULA M. MCGUINNESS ROBERT C.T. LIANG ELIZABETH VALENTINA LESLEY M. MORRISON GEOFFREY B.C. DE KLEINE

SENIOR CONSULTANTS PETER W. MCBURNEY BRENDA L. BOARDMAN

TECHNICAL ASSISTANTS KIMBERLY A. MCMANUS, PH.D. WENDY M. NOSS, B.A., L.L.B. PTO/PCT Rec'd 05 DEC 2001

TOTAL AMOUNT OF PAYMENT

1038-1183 MIS:jb

Date

December 4, 2001

PTO/SB/17 (XX-XX) Approved for use through 10/31/2002. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to r espond to a collection of information unless it displays a valid OMB control number. Complete if Known Application Number 09/914,622 Filing Date First Named Inventor Sheena M. Loosmore Patent fees are subject to annual revision. **Examiner Name** Group Art Unit

Attorney Docket No.

\$18.00

METHOD OF PAYMENT	FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES								
indicated fees and credit any overpayments to: Deposit	Large E Fee	Entity Fee	Small I	Entity Fee	F	Danaminti		F D-!-!	
Account Number	Code	(\$)	Code	(\$)		Description		Fee Paid	
Deposit	105	130	205		Surcharge - late	-			
Account Name	127	50	227	25	sheet	provisional	filing fee or cover		
Charge Any Additional Fee Required	139	130	139	130	Non - English sp	pecification			
Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a requ	est for ex pa			
Applicant claims small entity status. See 37 CFR § 1.27	112	920*	112	920*	Requesting pub action	lication of SI			
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting pub action	lication of SI			
Check Credit card Money Other	115	110	215	55	Extension for re	ply within fire	st month		
FEE CALCULATION	116	400	216	200	Extension for re	ply within se	cond month		
1. BASIC FILING FEE	117	920	217	460	Extension for re	ply within thi	rd month		
Large Entity Small Entity	118	1,440	218	720	Extension for re	ply within for	urth month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,960	228	980	Extension for re	ply within fift	h month		
101 740 201 370 Utility filing fee	119	320	219	160	Notice of Appea	ıl			
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in s	support of ar	n appeal		
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral	l hearing			
108 740 208 370 Reissue filing fee	138	1,510	138	1,510	Petition to institu	ute a public	use proceeding		
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive	e - unavoida	ble		
SUBTOTAL (1)	141	1,280	241	640	Petition to revive	e - unintentio			
O EVEDA OLAIM FEES	142	1,280	242	640	Utility issue fee	(or reissue)			
2. EXTRA CLAIM FEES Fee from	143	460	243	230	Design issue fee	Э			
Extra Claims below Fee Paid Total Claims 2.0** = 0 X = 0.00	144	620	244	310	Plant issue fee				
Total Claims	122	130	122	130	Petitions to the	Commission	er		
Claims Multiple Dependent	123	50	123		Processing fee		-		
Large Entity Small Entity	126	180	126	180	Submission of It Statement	nformation D	Disclosure		
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each (times number of		gnment per property		
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submiss (37 CFR § 1.12		al rejection		
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	•	nal inventio	n to be examined		
109 84 209 42 ** Reissue independent claims	179	740	279	370	Request for Cor		nination (RCE)		
over original patent	169	900	169	900	Request for exp		ination		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Oth	of a design application Other fee (specify) Additional Claim Fee 18.0							
SUBTOTAL (2) \$0.00	Canon too (openity) Additional Claim 100								
30BTOTAL (2) 30.00						SHETOT	ΓΛΙ (3)		
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$18.00									
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Michael I. Stewart		Registration No. (Attorney/Agent)		D.	24,973 Telephone		(416) 595-	(416) 595-1155	

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